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ABSTRACT

An investigation studied 554 vocationally oriented CARF (Commission on Accreditation of Rehabilitation Facilities) accredited rehabilitation facilities. The mail survey was returned by 221 facilities, reflecting an effective return rate of approximately 40 percent. Collected data addressed three broad areas: client characteristics, referral sources and percentages of clients referred by each, and facility characteristics. Across respondents, results showed that the typical client was a mentally retarded white male aged 25 to 40, with less than a high school education. Most had no prior skill training. Referral source data showed that State Vocational Rehabilitation Agencies were clearly the largest referral source (over half of all referrals). The average facility served 387 clients per year, and the client stayed for 152 days. Small facilities served clients for only about one-third as long (59 days) as the larger facilities. The average yearly facility income was slightly over $750,000. Fees for services and earned income each accounted for approximately 45 percent of this total. The two most frequent categories of staff were professional staff in client service and production staff. A broad range of services was available. For each area of data, differences were found as a function of facility size. (The instrument is appended.) (YLB)

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A National Study of CARF Accredited Vocational Rehabilitation Facilities: Their Structures and Characteristics

Thomas Czerlinsky
Alan Gilbertson

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A NATIONAL STUDY OF CARF ACCREDITED VOCATIONAL REHABILITATION FACILITIES: THEIR STRUCTURES AND CHARACTERISTICS

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and
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ABSTRACT

The purpose of this investigation was to study vocationally oriented rehabilitation facilities. The sample upon which the results are based was comprised of vocationally oriented CARF accredited rehabilitation facilities. A mail survey was sent to all facilities accredited by CARF. Out of this sample, 554 facilities met the criterion of being "primarily vocational". Two hundred and twenty one completed surveys were returned from this subsample, reflecting an effective return rate of approximately 40%.

The data collected addressed three broad areas: 1) client characteristics, including a) primary disabilities, b) demographics, and c) education and skill training completed; 2) referral sources, and the percentages of clients referred by each; and 3) facility characteristics, including a) numbers of clients served per year, b) fiscal resources of the facilities, c) staffing patterns, d) CARF accreditation patterns, and e) programs/services offered.

Analyses were conducted on each variable across all responding facilities, and also taking facility size into account.

Across respondents, results showed that the typical client was a mentally retarded white male in the age range of 25-40, with less than a high school education. Most had no prior skill training. Interesting differences were found as a function of facility size. In particular, small facilities appeared to differ the most from the rest of the sample.

Referral source data showed that State Vocational Rehabilitation Agencies were clearly the largest referral source of clients (accounting for over half of all referrals). Here again, facility size was an important predictor of specific differences in referral patterns.

Facility characteristics showed further interesting patterns. The average facility served 387 clients per year, and the client stayed at the facility for 152 days. Small facilities served clients for only about one-third as long (59 days) as the larger facilities. Fiscal data indicated the average yearly income for the facilities in the sample to be slightly over $750,000. Fees for Services and Earned Income each accounted for approximately forty-five percent of this total. Staffing data indicated that the two most frequent categories of staff (in Full-Time Equivalents) were Professional Staff in Client Service (7.23) and Production Staff (6.16). Administrators accounted for slightly over two FTE staff per facility. Programs and Services data showed a broad range of services to be available within these facilities. Again, for the above facility characteristics, a number of interesting variations as a result of facility size were delineated.

The results of this report should be helpful to facility, as well as more general rehabilitation, personnel in understanding some critical aspects of the current state of vocational rehabilitation facilities, and help them in defining and examining their own programs and services.

INTRODUCTION

Vocational rehabilitation facilities today represent a major entity within our country. When one examines the trends rehabilitation facilities have undergone from their rudimentary beginnings to the present, it becomes clear that they have a rich historical heritage, and considerable robustness in coping with socio-economic changes over the years. The actual numbers of facilities, as well as the numbers of clients they serve, have shown considerable increases. For example, Department of Labor (D.O.L.) data (U.S. Department of Labor, 1977) shows that in 1955 there were a total of 262 D.O.L. certificated workshop organizations within the United States. By 1966, this number had increased to 885, and by 1976 it had increased to approximately 3000. By 1983, the number of D.O.L. certificated workshop organizations had risen to 4,580. This shows a steady and consistent growth for facilities. Likewise, the total number of clients served by these facilities has also steadily increased. For example, Greenleigh (1975) estimated that approximately 410,800 clients were served by rehabilitation facilities in the mid 1970s, while according to Menz (1983) the corresponding estimate for 1983 is approximately 600,000.

Data such as the above indicate that vocational rehabilitation facilities are alive and well (considering the external factors at work), and that they play important roles within today's rehabilitation network. The primary roles of vocational

rehabilitation facilities, particularly sheltered workshops, appear to be fourfold. According to Greenleigh (1975), the workshop/facility serves: (1) as a provider of rehabilitation services or problem reduction to clients; (2) as a developer of job opportunities and placement in competitive settings; (3) as an employer of severely handicapped clients; and (4) as a community center for socialization, information, and recreation.

In addition to increases in their numbers, and in the numbers of clients which they serve, rehabilitation facilities, as we know them today, have also become increasingly complex organizational entities. They have come a long way from the single-disability workshops serving only a few clients, and have changed quite drastically in terms of philosophy, as well as in terms of actual day-to-day conduct and business practices. Today, many rehabilitation facilities serve a broad range of clients, and house a variety of programs and services. Depending upon the particular workshop under consideration, some of the programs and services may be specifically directed toward client rehabilitation, while others may be directed primarily toward entrepreneurial type business operations (Button, 1968). The ratio of client service to production oriented programs varies widely across different workshops. While each program or service within a particular workshop setting usually has its own specific purposes and goals, all of the programs and services within a facility should be consistent with and support the overall goals of the facility.

As pointed out by Whitehead (1979), any facility seeking to demonstrate prolonged and consistently high levels of worker productivity in today's highly competitive business climate must pay close attention to all aspects of the facility. The management of such a variety of programs and services can be a complex and often highly frustrating process. Effective managers and directors must be thoroughly familiar with all pertinent aspects of each program within their own respective facilities, in terms of what goes into the service or program, what the service or program does and intends to do, and what the program produces. Secondly, managers and directors of today's facilities must be acutely aware of how each program within the facility influences, and is in turn influenced by, other programs co-existing within the same facility. That is , programs do not operate in isolation, and seemingly quite different programs may have a considerable amount of overlap or common goals. At the very least, there are usually some common elements which tie various programs within the same facility together (such as clients). Thirdly, directors and managers are often confronted with the multitude of problems that can arise when two divergent emphases -- client rehabilitation services vs. production programs -- need to be reconciled and coordinated within the same setting. Clearly, in order to maintain or improve a facility's efficiency, effectiveness, and profitability, managers and directors must adequately understand the characteristics of each program within

their own facility, as well as the interrelationships between the various services and programs.

Not only is it essential for facility decision-makers to fully understand their own facility, but ideally they should also clearly understand how the structure of their own facility compares to the structures of other facilities currently existing in the field. That is, to effectively evaluate one's own facility, one must have a basis of comparison to other facilities. But understanding what exists in the field can be a quite difficult process. Although, in vocational rehabilitation facilities, the rehabilitation of clients is facilitated through a variety of programs, usually directed toward various aspects of work, the range of programs and services provided across different facilities varies widely. There are some facilities which offer a comprehensive array of services to clients (such as vocational evaluation, psychological testing, remedial education, and so on), as well as various types of work experiences. Others provide the client only a setting in which to work. In addition, the interpretation and implementation of any particular service or program also varies widely across different settings. For example, the amount and quality of work adjustment training may be distinctly different (both quantitatively and qualitatively) at various facilities.

Clearly, it is important to identify what services and/or programs are offered at different facilities, as well as defining what comprises each of these services/programs. It is further

important to consider the relationship of each of these to total facility or program outcomes, as well as the interrelationships between programs and services within a specific facility. Thus, not only is it essential to identify what constitutes a specific program or service, but it is also important to understand how each relates to other programs/services, how it is derived from decisions and activities at the management and staff level, and the effects it may have on clients' overall rehabilitation and on the productivity of the facility.

The purpose of the present project was to identify and study the characteristics of CARF accredited vocational rehabilitation facilities, as they exist in the field. This included studying various aspects (such as programs, services, fiscal information, and staffing) which play an important role in the day-to-day functioning of rehabilitation facilities. An additional purpose of this project was to identify and study the characteristics of the clients referred to the facilities. Collecting and interpreting this type of information about rehabilitation facilities and their client populations should help shed some light on questions directed toward how different programs and services within the rehabilitation facility relate to each other, and to the overall goals and outcomes of the facility. It seems vital to understand such relationships within different types of facilities, if managers and directors are to make decisions which optimize both the rehabilitation potential of the client, as well as the production potential of the facility.

The results of this project should be helpful to directors, managers, and other facility decision-makers in improving their own services and programs, and in streamlining and integrating the relationships between services and programs to improve the facility's overall efficiency, effectiveness, and profitability.

METHOD

SURVEY INSTRUMENT. A mail survey was utilized to collect the data for this project. This five-page survey instrument was comprised of two sections: (1) General Facility Characteristics; and (2) Vocational/Work Evaluation Programs/Services. A copy of this survey instrument is included in Appendix F. The present report addresses the results obtained from Part 1--General Facility Characteristics.

The data collected to describe and define the general facility characteristics addressed five specific sections. Part 1 addressed characteristics of the clients who were referred to one or more of the programs within the facilities being surveyed. Included were questions addressing:

a) the numbers of clients served by the facility during the fiscal year;

b) the average numbers of clients served per day;

c) the average tenure of the clients at the facilities;

d) the disabilities of the clients served by the facilities;

e) the clients' sex, age, level of education completed, amount of skill training completed, and ethnic background.

Part 2 of the survey was directed toward an identification of the sources which referred clients to the various responding facilities. A total of nineteen possible referral sources were included in this section.

Part 3 was directed toward an identification of the fiscal structure and status of the responding facilities. Responding facilities were asked to list the sources of their funding, as well as the dollar amounts received from each source during the twelve month period. This fiscal information was then classified into seven accounting categories, which will be presented below.

Part 4 addressed the staffing patterns of each responding facility. A total of ten categories of staff were included in the survey.

Part 5 addressed the patterns of CARF accreditation of the responding facilities, and identified the types of formal programs or services offered by each facility.

The overall five-page survey was designed so that the person completing the instrument would respond to many of the items by filling-in blanks (usually with a number or a percentage) or by checking the appropriate item from several alternatives. Time for completion of the survey varied widely, depending largely upon the availability of the requested information within the records of the facility. For the most part, each survey required between four and seven hours for total completion.

PROCEDURES. This survey was mailed to the Directors of 921 facilities nationwide, all of which were accredited in at least one area by CARF (Commission on Accreditation of Rehabilitation Facilities). Thus, each facility receiving a survey was CARF accredited in one or more of the following: Physical Restoration, Personal and Social Development, Vocational Development, Sheltered Employment, Work Activity, Speech Pathology, and Audiology. Out of this population of facilities, sixty percent (554 facilities) were accredited by CARF in the area of Vocational Development.

Each packet sent to a facility included a survey, a cover letter addressed to the director, a full description of the research project, and a self-addressed, stamped return envelope for returning the survey. It was made clear in the instructions

that different individuals within the facility might be the most appropriate for filling out different parts of the survey. Thus, parts of the survey were best completed by the director, while other parts were most appropriately completed by line workers, or other service providers.

This first mailing of the survey resulted in 149 completed and usable surveys being returned. This represented an initial return rate of about 16%. Approximately six weeks after the first mailing, a second mailing of the survey was undertaken to all non-responders. The result of this second mailing was to approximately double the percentage of completed and usable surveys, to a total of 293. This represents 32% of the original total sample of 921 facilities.

As mentioned earlier, there were several purposes for this survey. For the present report, the purpose was to describe vocational rehabilitation facilities. Therefore, the appropriate population, out of the total of 921 facilities, was the group of facilities whose patterns of CARF accreditation defined a primarily vocational rehabilitation emphasis. This excluded medical facilities and comprehensive rehabilitation centers from the sample of the present report. There were a total of 554 such vocational rehabilitation facilities which received the survey. Out of the 293 returned surveys, 221 were from such vocational rehabilitation facilities. Thus, when considering the specific population of interest to the present report, the results presented below are based upon an effective return rate of 40% of

the vocational rehabilitation facilities. All of the data to be presented below is based upon these facilities judged, on the basis of CARF accreditation patterns, to be primarily vocational in nature.

RESULTS

The results presented in this section will follow an order similar to the order in which the data was collected in the actual survey. The first section will describe some basic characteristics of the clients served by the responding facilities. Included will be data on the primary disabilities of the clients, client demographics, and education and skill training completed by the clients. The next section will describe the referral sources of clients to the facilities. The third section will focus upon critical facility characteristics, including: numbers of clients served per year within the facility; fiscal resources of the responding facilities; staffing of the facilities; patterns of facility CARF accreditation; and programs/services offered by each of the responding facilities.

In analyzing and presenting the data, it was judged necessary to evaluate the results in light of variations in the sizes of responding facilities. Thus, facility size was included as a factor in many of the analyses. The criterion for grouping on the facility size factor was similar to that utilized by

Menz (1983). The four groups established were based on the eported number of clients the facility served per day, with the following breakdown:

SMALL:.....1-30 clients served per day (n=36)

SMALL-MEDIUM:...31-70 clients served per day (n=69)

MEDIUM-LARGE:...71-100 clients served per day (n=49)

LARGE:.....101+ clients served per day (n=67)

The above size groupings will be included in the tables of data discussed, although in all cases, totals across size of facility will also be presented.

The basic approach for those analyses (presented below) concerned with facility size as a variable was to determine the F-level for the comparison. If a significant F-value (with a two-tailed probability of .05 or less) was obtained, then post-hoc analyses were conducted. These analyses were t comparisons utilizing a conservative two-tailed .01 significance level as the cutoff.

CLIENT CHARACTERISTICS.

Various types of information were gathered to give an indication of the characteristics of the clients being referred to the responding facilities. This information included: client disability categories, client sex, age, ethnic background, level of education, and level of skill training. These characteristics are described below, and they provide an indication of typical

clients that can be expected to be served by these vocational facilities.

1. Primary Disabilities. The types of disabilities of the clients referred to the responding facilities were directly assessed. Twenty-one possible categories of disabilities (as well as one "other" disability) were listed, and facilities indicated the percentages of their clients who were judged as having each of the listed disabilities as their primary disability. Some of the disability categories included more than one actual disability (e.g., orthopedic, stroke, multiple sclerosis (M.S.) and muscular dystrophy (M.D.) were assessed as one item). Table 1 shows the categories assessed, as well as the obtained percentages of clients for each of the categories of disability. These percentages are shown for the responding facilities as a whole, as well as broken-down by size of responding facility.

As can be clearly seen from Table 1, regardless of the actual size of the facility responding (i.e., across all facilities), by far the most prevalent category of primary disability was mental retardation, which accounted for 51% of the primary disability of all clients. Next, in order of percentage of clients, was mental illness (15% of the clients). Together, these two disability categories were listed as primary disability for approximately two-thirds (66%) of the clients within the facilities. It should be clearly noted, however, that in

Table 1

Clients' Primary Disabilities (%)

Disability	FACILITY SIZE Small	S-Med	Me-La	Large	Aver	p
A. Alcoholism	3.62	1.63	2.27	1.13	1.93	.0263
B. Drug Addiction	3.59	.63	.98	.32	1.07	
C. Spinal Cord Injuries	2.29	.46	.98	.37	.84	.0168
D. Arthritis	.53	.76	.44	.37	.53	
E. Amputations	.82	.46	.27	.56	.51	
F. Blindness, Partial Blind.	5.18	1.55	1.73	1.18	2.04	
G. Deaf, Hearing Problems	2.65	2.00	1.94	1.40	1.90	
H. Emotionally Disturbed	8.35	6.31	7.77	7.04	7.18	
I. Mental Illness	19.18	15.61	14.04	12.24	14.76	
J. Mentally Retarded	30.74	56.36	49.21	57.09	50.96.	.0002
K. Public Offender	1.59	.82	.48	.56	.78	
L. Orthopedic, Stroke, Multiple Sclerosis, Muscular Dyst.	11.41	3.87	5.90	4.38	5.66	.0009
M. Cerebral Palsy	1.26	2.39	4.58	2.49	2.73	
N. Epileptic	2.88	3.63	3.60	3.08	3.33	
O. Speech Defects	.88	1.78	1.38	.42	1.12	
P. Socially Deprived	3.47	4.58	1.08	2.63	3.02	
Q. Elderly, Aging	.97	1.25	.52	.32	.76	
R. Neurological	2.68	1.39	3.19	1.15	1.91	
S. Cardiac	.94	.78	.62	.29	.62	
T. Circulatory, Lung, Tuberculosis	.79	.64	.79	.10	.53	
U. Learning Disabled, Develop. Delayed	3.54	3.37	6.10	3.75	4.12	
V. Other Disability	4.00	.96	3.60	2.70	2.56	
% Multiply Disabled	35.42	45.80	54.12	53.95	48.71	

these percentages, mental retardation was indicated almost 3 1/2 times as frequently as mental illness. The remainder of all the other disabilities on Table 1 in aggregate were listed as the primary disabilities for 43% of the clients. The total of the above three percentages, incidentally, (51%, 15%, and 43%) sums to more than 100% (the sum is 109%) because a small number of facilities listed some clients as having more than one primary disability.

Several other disability categories, while considerably less prevalent, were also noticeable on Table 1. Specifically, emotional disturbance (7%) and orthopedic, stroke, M.S., and M.D. (6%) also represented a sizable segment of the clients. It should also be noted that almost half (49%) of the clients were judged to be multiply disabled.

Across all facilities, then, Table 1 shows that approximately four-fifths of the clients were considered as having a major disability falling into one of only four categories -- (1) Mental Retardation (51%), (2) Mental Illness (15%), (3) Emotional Disturbance (7%), and (4) Orthopedic, Stroke, M.S., M.D. (6%). The histogram in Figure 1 (Appendix A) shows this pattern graphically.

The information in Table 1 can also be viewed with an eye toward how facilities of distinctly differing sizes vary in terms of the types of disabilities they serve. First, it needs to be stressed that facility size does not radically alter the relative importance of the top four categories of

disabilities. However, a significant effect of facility size was found within two of these four categories of disabilities. For Mental Retardation (K) and Orthopedic, Stroke, M.S., M.D. (L), Table 1 shows that significant effects of facility size were obtained. Post-hoc analyses (Student t-tests) showed that small facilities were significantly different on these two disability categories. Compared to the three groups of larger facilities, small facilities served a significantly lower percentage of mentally retarded clients (t values ranged from 2.9 to 4.3, all p.<.001), while serving a significantly higher percentage of clients whose primary disabilities were orthopedic, stroke, M.S., or M.D. (t range - 2.9 to 4.1, all p.<.005).

Although not among these high incidence disability categories mentioned above, two further significant size effects were found, again showing small facilities to be uniquely different from the rest. Small facilities indicated a significantly greater percentage of alcoholic clients than large facilities (t value was 2.8, p.<.01), and small facilities also served a significantly higher percentage of spinal cord injured clients than any of the other three larger size facilities (ts ranged from 2.2 to 2.8, all p.<.01). While these differences were indeed significant, a caution should be kept in mind in interpreting them, since the actual numbers of clients under consideration were very small for these two disability categories. With such small numbers, a significant percentage difference, while accurately reflecting a relative difference,

may not reflect a truly meaningful difference in terms of actual numbers of clients.

Overall, the above data concerning primary disabilities indicate that facility size is an important factor when considering the types of disabilities served. In particular, those facilities classified as Small (serving 30 or fewer clients daily) appeared to be uniquely different in this regard. While Small-Medium, Medium-Large, and Large facilities tended to serve clients having primary disabilities of mental retardation, mental illness, and emotional disturbance (accounting for 75.7% of the clients primary disability categories within these three groups of facilities), Small facilities showed a pattern of somewhat more even distribution over the range of primary disability categories. While the most common primary disability in Small Facilities remained mental retardation, this category was indicated for only 30.7% of the clients, or roughly half (56.2%) of the average percentage for the three groups of larger size facilities.

The results discussed above dealt separately with the twenty-one disability categories (or groupings) listed in Table 1. To help provide a clearer understanding of the disabilities of the clients served by responding facilities, these twenty-one items were grouped into more functional categories of disabilities. After an extensive review and discussion, five such major categories were defined. These resultant categories can be seen in Table 2. The categories are:

1. Disabilities Associated With An Impairment In Emotional Or Mental Functioning: includes Emotionally Disturbed (item H) and Mental Illness (item I).

2. Disabilities Associated With An Impairment In Intellectual Functioning: Includes Mental Retardation (item J), Socially Deprived (item P), and Learning Disabled/Developmentally Delayed (item U).

3. Disabilities Associated With An Impairment in Physical Capacities: Includes Spinal Cord Injuries (item C), Arthritis (item D), Amputations (item E), Orthopedic/Stroke/M.S./M.D. (item L), Cerebral Palsy (item M), Epileptic (item N), Elderly/Aging (item Q), Neurological (item R), Cardiac (item S), and Circulatory/Lung/TB (item T).

4. Disabilities Associated With An Impairment In Communication Capacities. Includes Blindness/Partial Blindness (item F), Deafness/ Hearing Problems (item G), and Speech Defects (item O).

5. Disabilities Associated With Social Deviance. Includes Alcoholism (item A), Drug Addiction (item B), and Public Offender (item K).

All items from Table 1 are also covered on Table 2. Groupings, however, may be quite different. Also, the last category of Table 1, the "Other Disability" category, is not included on Table 2.

Across different sized facilities, the patterns of percentages in Table 2 for these functional categories are consistent with and support those of Table 1. Over one-half of the clients (54.7%) within the responding facilities were considered to have a disability related to intellectual functioning. Disabilities of Emotional/Mental Functioning and disabilities in

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Table 2

Clients' Primary Disabilities (%)
After Grouping Disabilities
("Other" category not included)

	FACILITY SIZE					
Category	Small	S-Med	Me-La	Large	Aver	p
A. Emotional/Mental Functioning (H+I)	25.64	19.88	20.22	18.94	20.64	
B. Intellectual Functioning (J+P+U)	35.16	58.33	52.28	62.35	54.66	<.001
C. Physical Capacities (C+D+E+L+M+N+Q+R+S+T)	22.90	14.17	19.37	12.88	16.38	.01
D. Communication Capacities (F+G+O)	8.10	4.83	4.67	2.94	4.76	<.05
E. Social Deviance (A+B+K)	8.19	2.79	3.46	1.98	3.56	<.005

Physical Capacities ranked close to each other, being the primary disabilities in 20.6% and 16.4% of the clients, respectively. Least frequently represented were disabilities of communication capacities and disabilities related to social deviance (4.8% and 3.6% of the clients, respectively). Figure 2 (Appendix B) shows the histogram based on Table 2 data.

When facility size is included as a factor in Table 2, it can be seen that one size of facility -- Small -- is again distinctly different from the other groups in the patterns of disabilities which they serve. On Table 2, significant effects of facility size were found for all disability groupings except the first (Emotional/Mental Functioning). When considering disabilities of intellectual functioning, post-hoc comparisons showed that the percentage of clients indicated for small facilities (35.2%) was significantly lower than for the rest of the facilities (t values ranged from 2.7 to 4.1, all of which were $p.<.01$). For disabilities in physical capacities, comparisons showed small facilities to be serving a significantly higher percentage of clients than either Small-Medium Facilities ($t = 2.5$, $p.=.01$) or Large Facilities ($t = 3.0$, $p.<.01$). The difference in percentages between Small and Medium-Large Facilities, while in the same direction, was not significant. On the two least represented disability groups, Small Facilities again showed unique patterns. Small Facilities served a greater percentage of clients with disabilities of communication capacities than the larger facilities, and the specific comparison

between Small and Large Facilities was significant (the *t* comparison between Small and Large facilities was *t* = 2.8, p.<.01). On disabilities related to social deviance, the percentage of clients served by Small Facilities was significantly higher than the percentages for the other size facilities (Small vs. Small-Medium, *t* = 3.1, p.<.01; Small vs. Medium-Large, *t* = 2.5, p.=.01; and Small vs. Large, *t* = 3.6, p.<.01).

As stated above, the data presented in Tables 1 and 2 are consistent, and they give indications of the prevalence of various types of disabilities within the responding facilities, and also indicate some differences between facilities of distinctly different sizes. In regard to variations as a result of facility size, it is important to notice that small facilities seem to differ the most from the other size groups. In particular, they seem to serve a more varied client population (based on disability). They are significantly lower in percentage on the more predominant disabilities (intellectual functioning), while serving higher percentages of clients with physical disabilities, communication disabilities (on two comparisons), and social deviance. It is important to remember when interpreting these data, however, that a higher percentage is not equivalent to a greater number of clients. Thus, while Small Facilities serve a significantly greater percentage of clients with disabilities of physical capacities, the absolute number of such clients served by Small Facilities is indeed lower than the number of such clients found within Large Facili-

ties. What the data seem to indicate, however, is that Small Facilities, when controlling for absolute numbers of clients served, tend to accept referrals of clients covering a wide range of disabilities, while the three other groups of facilities are relatively more heavily loaded with clients whose disabilities are either intellectual, emotional, or mental in nature.

2. Sex, Age, and Ethnic Information. Consistent with the above, these results also considered effects of facility size on the variables, if such effects were found to be significant.

Data for sex of clients within the facilities showed that slightly over half (54.9%) of the clients were males. No significant differences due to facility size were found.

The breakdown of the ages of the clients served by the facilities in this sample is shown on Table 3. Five age groupings were utilized to obtain the client age data. These groupings were chosen as indicants of functional vocational stages. The five groupings were:

1. To 18 years of age: High School age or below.
2. 19 to 24 years of age: Late teens to mid twenties.
3. 25 to 40 years of age: Early career age.
4. 41 to 60 years of age: Late career age.
5. Above 60.

Table 3 clearly shows that the largest percentage of clients within the responding facilities was comprised of individuals in the age group considered as early career age -- twenty-five to forty years of age. This group accounted for 44.1% of

all clients. The next most frequent percentage was found within the 19 to 24 "late teens to mid twenties" category -- 27.7%. Together, these two groups comprised almost three quarters (71.8%) of the total population of clients referred to the responding facilities. The smallest percentage of clients was for those who were 61 years of age and over (presumably because fewer individuals within this group are still in the work force), and the group of high school age and below individuals (up to 18

Table 3

Client Sex, Age, and Ethnic Background
(in percents)

	FACILITY SIZE					
ITEMS	SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
SEX OF CLIENTS						
Males	55.85	53.45	56.19	54.96	54.91	
Females	44.15	46.55	43.81	45.04	45.08	
AGE OF CLIENTS						
00-18	11.64	6.17	5.79	7.25	7.26	.0323
19-24	35.03	28.06	26.05	24.98	27.71	
25-40	34.93	45.80	47.02	44.79	44.11	.0355
41-60	16.80	16.25	18.31	19.84	17.90	
61+	2.03	3.27	2.97	3.23	3.01	
RACE OF CLIENTS ("other" is a collapsed category)						
Caucasian	79.39	78.27	75.52	76.45	77.27	
Black	15.32	14.16	16.57	13.37	14.56	
Other	5.29	7.57	7.91	10.18	8.17	

years of age) accounted for 7.3% of the client population. These results show a distribution in which the most common age of clients was between 25 and 40, with the incidence of occurrence decreasing on either side of this age group.

When facility size is taken into account, it can be seen that, on the whole, small facilities are again the ones which differ somewhat from the rest. As Table 3 indicates, two age groups showed a significant main effect of size -- the youngest group (0 - 18) and the "early career age" group (25 - 40). For the youngest age group (18 years of age or less), results showed that Small Facilities had a larger percentage of clients than the others, and this difference was significant when comparing Small to Small-Medium Facilities (t = 5.2, p.=.01), and Small to Medium-Large Facilities (t = 5.5, p.=.01). The difference between Small and Large Facilities only reached the .05 level of significance. When considering the "early career age" group, the results showed that the percentage of clients in this 25 -40 year age group was significantly lower in Small than in either Small-Medium Facilities (t = 2.5, p.=.01) or Medium-Large Facilities (t = 2.7, p.<.01). Thus, Small Facilities had a relatively higher percentage of young clients, and a relatively lower percentage of clients in their "early career ages" (when compared to the other size facilities).

For ethnic background of the clients, three categories were assessed: Caucasian, Black, and other. The results showed that, of all the clients within the responding facilities, 77.3% were

Caucasian, 14,6% were Black, and 8.2% fell into the "other" category. No significant effects of facility size were found.

3. Education and Skill Training. Education and specific skill training (if any) of the clients in the responding facilities were determined with two separate sets of items.

Five possible levels of client education at entry into the facility were established. These were:

1. Less than high school diploma.
2. High school diploma or GED.
3. Special Education Diploma.
4. Some College Education.
5. College Graduate.

Respondents were asked to indicate the percentage of their clients who fell into each of the above five education levels. Table 4 shows the obtained results.

When considering the average percentages (across facility size) on Table 4, over one-half of the client population within the responding facilities (57.9%) had less than a completed high school education, and an additional 18.3% had a special education diploma as their highest level of education. Only nineteen percent of all clients were reported as having received a high school diploma. Questions addressing the college experience showed that 3.9% of the clients had completed some college, and that only 1.3% of the clients within the responding facilities were college graduates.

Table 4

Client Education
(in percents)

ITEMS	FACILITY SIZE SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
EDUCATION LEVEL OF CLIENTS ENTERING FACILITY						
< High School Diploma	48.26	60.25	63.92	56.86	57.89	
High School Diploma or GED	28.20	16.40	16.43	18.54	18.99	.0121
Special Ed. Diploma	14.79	19.02	15.19	21.22	18.28	
Some College	7.40	3.50	3.34	2.83	3.89	.0009
College Graduate	1.93	1.30	.92	1.12	1.26	

The above interpretation can also be considered graphically, as shown in Figure 3 (Appendix C). This shows that out of 100% of all the clients addressed by the data, the highest level of education obtained was:

1% -- College graduates.

4% -- Some college, but did not graduate.

19%-- High School graduates (Regular Education).

76%-- Less than a High School diploma.

Table 4 shows that, when considering facility size as a variable, two significant size effects were found. Patterns of means for these two significant effects again confirm that Small Facilities were somewhat at variance with the rest of the responding facilities. First, for the "High School Diploma

or GED" item, comparisons revealed that Small Facilities had a significantly higher percentage of clients who fell into this category than: 1) Small-Medium Facilities (t = 3.3, p.<.01); 2) Medium-Large Facilities (t = 2.9, p.<.01); and 3) Large Facilities (t = 2.5, p.=.01). Secondly, the percentage of college graduates found within Small Facilities was significantly higher than in Small-Medium Facilities, Medium-Large Facilities, and Large Facilities (t values were 3.4, 3.2, and 3.9, respectively, all p.<.01). Table 4 also shows that the percentage of clients who had less than a high school diploma was somewhat lower in Small Facilities than in the other sizes of facilities. These patterns show that the educational level of clients in facilities classified as being small tends to be higher than in the remainder of the facilities sampled. Perhaps one reason for these differences is the fact that the small facilities are more diverse (as found previously) in the types of disabilities of their clients, and less heavily populated with mentally retarded clients.

Although not quite as clear-cut, the patterns of results for Client Skill Training are consistent with and support the results for education, detailed above. As can be seen from Table 5, the vast majority of clients within the responding facilities had received no skill training prior to entering the facility. About five percent each had some prior skill training and prior vocational/technical studies. An interesting pattern emerged when taking facility size into account. Small Facilities

again were unique from the rest in that they had a lower percentage of clients with no prior skill training (significantly lower than Small-Medium Facilities -- t = 2.7, p.<.01 -- and Large Facilities -- t = 2.5, p.=.01 -- but the difference between Small vs. Medium-Large Facilities was not significant). This is confirmed by the significant elevation in the percentages of clients, within the Small Facilities, who had completed apprenticeships. For Apprenticeships, Small Facilities had significantly higher percentages of clients than the rest of the sample (ts ranged from 4.1 to 4.6, all p.<.01). The pattern is somewhat different, however, for the percentage of clients who had completed vocational/technical studies. On this item, Small-Medium Facilities had a significantly

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Table 5

Levels of Client Skill Training
(in percents)

	FACILITY SIZE					
ITEMS	SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
SKILL TRAINING OF CLIENTS ENTERING FACILITY						
None	76.21	90.51	81.84	89.40	86.39	.0363
Skill Training (OJT)	10.58	3.63	6.06	3.62	5.03	
Apprenticeships	4.11	.41	.26	.81	.96	.0001
Voc/Technical Studies	8.95	1.88	7.74	6.06	5.44	.0238

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lower percentage of clients than either Small Facilities (t = 2.5, p.=.Ø1) or Medium-Large Facilities (t = 2.5, p.=.Ø1). Overall, these patterns show that, consistent with previous results, Small Facilities tend to have fewer clients with no prior skill training.

REFERRAL SOURCES

The sources of referral of the clients to the facilities in this study were determined by establishing 18 possible referral sources, plus one "Other" category. Respondents were asked to indicate the number of clients referred to their facility by each of the referral sources within the fiscal year used as the reference for this questionnaire. The data collected was not utilized in its original form in the analyses presented below, since in addition to describing referral patterns to the responding sample as a whole, it was of interest to investigate variations in relative referral patterns as a function of facility size. The actual data collected (# of clients referred to a facility by each referral source) would have been, to a large extent, a function of facility size, since size was defined by the number of clients served per day. Thus, a conversion was performed on the referral data before the analyses were conducted. Numbers of clients were converted to percentages of clients for each facility, and this percentage data was utilized in the analyses. This conversion enabled an investigation of the relative frequency of referral from the different sources,

without confounding this data with facility size. Thus, the data on Table 6, in percentages, shows the relative frequency of referral by the various referral sources, as well as variations in this pattern as a function of size of facility.

Table 6

Sources of Client Referral
(in percents)

	FACILITY SIZE					
REFERRAL SOURCE	SMALL	SM-MED	MED-LA	LARGE	AVE	SIGN.
A.State Voc. Rehab. Agency	64.48	51.90	56.42	42.57	52.03	.0225
B.D.D. Boards	.32	8.11	8.56	10.91	7.81	
C.State Emp. Serv.	.42	.34	.21	.21	.28	
D.State Correctional Agency	.94	.02	.09	.28	.26	.0040
E.State Mental Health	1.57	10.33	5.88	8.60	7.42	
F.Work. Comp. Boards	1.40	.11	.11	.05	.30	.0010
G.S.S. Boards	.68	.15	.44	.08	.28	
H.CETA	2.96	.64	2.50	4.84	2.71	
I.WIN/Welfare	3.16	3.00	2.05	.45	2.03	
J.Other Rehab. Facil.	2.09	1.69	1.21	2.34	1.86	
K.Hospitals,Clinics, Doctors	5.15	3.27	2.39	2.34	1.86	
L.Regular Ed.	.92	1.51	3.67	4.90	2.93	.0137
M.Special Ed.	1.66	5.72	3.18	4.37	4.10	
N.Voc/Tech Ed.	.08	.00	.02	.06	.04	
O.Colleges/Universities	.07	.00	.00	.00	.01	
P.Private Insurance	.65	.29	1.59	1.17	.90	
Q.Private Business/ Industry	.41	.16	.00	.08	.14	
R.Self-Referral	2.61	5.55	4.50	4.63	4.56	
S.Other	10.48	7.22	7.18	12.13	9.25	

The primary observation that is striking from this Table is that, when one does not consider facility size as a variable, the one source providing by far the most referrals to the facilities in this sample was the State Vocational Rehabilitation Agency. State DVR referrals accounted for more than one-half (52.0%) of all referrals to the facilities. No other specified referral source provided more than 8% of the referrals.

The picture presented becomes more intricate when considering facility size as a variable. Four different referral sources evidenced significant effects on percentage of referrals, as a function of facility size.

A very striking difference can be seen in the patterns of referrals from State Vocational Rehabilitation Agencies. As mentioned above, these State agencies accounted for slightly more than one-half of all referrals to the facilities sampled. Within this percentage, however, there were significant effects of facility size upon referrals ($p<.025$). Post-hoc comparisons showed that referrals from State Vocational Rehabilitation Agencies accounted for a significantly higher percentage of the clients in Small Facilities than in: a) Small-Medium Facilities ($t = 3.0$, $p.<.005$); b) Medium-Large Facilities ($t = 3.3$, $p.= .001$); and c) Large Facilities ($t = 4.5$, $p.<.001$).

Another way of looking at these patterns is to realize that, within Small Facilities, the percentage of clients referred by State Vocational Rehabilitation Agencies is approximately fifty percent higher than the corresponding percentage for Large

Facilities. This becomes extremely obvious when examining actual numbers of clients, since out of the four size groups, Small Facilities had the second highest number of referrals from this source. The actual means were:

Small Facilities:.....157 clients

Small-Medium Facilities:...92 clients

Medium-Large Facilities:..139 clients

Large Facilities:.....208 clients

Considering that Small Facilities, by definition, had many fewer clients than Large Facilities, this mean for the Small Facilities supports the interpretation of heavy State Vocational Rehabilitation referrals to this segment of facilities.

Three other post-hoc comparisons showed significant effects of facility size. None of these referral sources, however, accounted for a very high percentage of referrals in general, and thus these particular results should be interpreted with the same caution pointed out previously for some of the disability data (i.e., when considering only a very small number of clients, a significant difference in percentage may only reflect a few clients). Referrals from State Correctional Agencies accounted for a significantly higher percentage of clients within Small Facilities than within Small-Medium or Medium-large Facilities (t values were 3.4 and 2.7, respectively, both $p.<.01$). The percentage of referrals from Worker's Compensation Boards was significantly higher within Small Facilities than within the larger ones (t values ranged from 2.5 to 2.9, all $p.<$ or $= .01$).

Post hoc comparisons for the significant effect of referrals from Regular Education showed that none of the percentage differences reached the .01 level of significance. No other comparisons showed significant mean percentage differences that were at or exceeded the .01 level of significance chosen as the critical cutoff.

A further tabulation of the results with the referral sources was undertaken to portray the referral patterns to facilities of distinctly different sizes. This tabulation can be seen in Table 7. This Table presents the data from Table 6 in another way. The information, however, is the same. Table 7 ranks the referral sources by the percentages of clients referred, broken down by facility size. Only those sources referring two or more percent of the clients are included in the tabulations. The tabulations, therefore, show the predominant patterns of referral to various size facilities.

Table 7 shows that, of the twenty-two categories of possible referral sources, only three had two or more percent of the client referrals in each of the four facility size groups and the total group. These three referral sources included in all of the groups were: the State Vocational Rehabilitation Agency; Self-Referrals; and referrals by Hospitals, Clinics, and Doctors. This clearly indicates that differences in types of referral sources as well as in types of disabilities exist for various types and sizes of facilities.

Table 7
Sources of Referrals
Accounting for 2% or more of Client Referrals

SMALL FACILITIES (1-30 CLIENTS PER DAY)	
1. State Vocational Rehabilitation Agency	64.48%
2. Hospitals, Clinics, Doctors	5.15%
3. Win/Welfare	3.16%
4. CETA	2.96%
5. Self-Referred	2.61%
6. Other Rehabilitation Facility	2.09%
SMALL-MEDIUM FACILITIES (31-70 CLIENTS PER DAY)	
1. State Vocational Rehabilitation Agency	51.90%
2. State Mental Health	10.33%
3. Developmental Disabilities Boards	8.11%
4. Special Education	5.72%
5. Self-Referred	5.55%
6. Hospitals, Clinics, Doctors	3.27%
7. Win/Welfare	3.00%
MEDIUM-LARGE FACILITIES (71-100 CLIENTS PER DAY)	
1. State Vocational Rehabilitation Agency	56.42%
2. Developmental Disabilities Boards	8.56%
3. State Mental Health	5.88%
4. Self-Referred	4.50%
5. Regular Education	3.67%
6. Special Education	3.18%
7. CETA	2.50%
8. Hospitals, Clinics, Doctors	2.39%
9. Win/Welfare	2.05%
LARGE FACILITIES (101+ CLIENTS PER DAY)	
1. State Vocational Rehabilitation Agency	42.57%
2. Developmental Disabilities Boards	10.91%
3. State Mental Health	8.60%
4. Regular Education	4.90%
5. CETA	4.84%
6. Self-Referred	4.63%
7. Special Education	4.37%
8. Other Rehabilitation Facility	2.34%
9. Hospitals, Clinics, Doctors	2.34%
ALL FACILITIES (TOTAL SAMPLE, ACROSS SIZE GROUPS)	
1. State Vocational Rehabilitation Agency	52.03%
2. Developmental Disabilities Boards	7.81%
3. State Mental Health	7.42%
4. Self-Referred	4.56%
5. Special Education	4.10%
6. Hospitals, Clinics, Doctors	3.09%
7. Regular Education	2.93%
8. CETA	2.71%
9. Win/Welfare	2.03%

An additional observation is apparent from Table 7. The tabulation suggests that Small and Small-Medium Facilities received a higher percentage of their clients from a fewer number of different referral sources than was the case for Medium-Large and Large Facilities.

FACILITY CHARACTERISTICS

The results presented within this section are from that part of the survey designed to collect data which would give some indication about certain specific characteristics of the facilities sampled. In particular, five aspects are focussed upon. These are : (1) The numbers of clients served per year within the facilities, and the tenure of the clients at these facilities; (2) The fiscal resources and structures of the responding facilities; (3) Staffing patterns of the facilities; (4) Types of C.A.R.F. accreditation held by the facilities; and (5) The specific programs and/or services offered by the responding facilities. This data, taken as a whole, should give an indication of some of the general characteristics of the facilities in this sample.

1. Numbers of Clients Served, and Client Tenure at Facility.

The data addressing the number of clients served per year by the responding facilities, and the average number of days that clients stayed at the facility, are shown in Table 8. The time frame for these items is the fiscal year. As is shown in this

Table 8

Total Number of Clients Served Per Year, and Length of Client Stay at Facility

Size of Facility	# Clients Served Per Year	# Days At Facility
Small	432.5	58.89
Small-Medium	335.9	157.13
Medium-Large	274.3	177.83
Large	495.0	176.36
Average	387.0	151.85

table, there were some distinct differences in the average number of clients served per year, and certainly in the average number of days that the typical clients stayed within the facilities in this sample.

On the average, the number of clients served by a responding facility during the course of the fiscal year was 387. As would be expected, Large Facilities served the greatest average number of clients -- 495. However, Table 8 does not show a decreasing linear trend toward the smaller facilities on this variable. That is, the next largest mean -- 432.5 clients -- was for the Small Facilities, while the smallest mean found was for the Medium-Large facilities. In other words, the two sizes of facilities serving the largest number of clients per year were at opposite ends of the size continuum -- they were the Large Facilities (495 clients per year) and the Small Facilities (432.5 clients per year).

The second column of Table 8 helps to clarify this relatively U-shaped distribution of means. Inspection of this column clearly shows that the number of days clients spend at a facility, as a function of facility size, was quite similar across different sized facilities, except in the case of small facilities. The average number of days clients spend at a facility, across all facilities, was 151.8 days. For facilities ranging in size from Small-Medium to Large, the means were quite similar, ranging from 157.1 days to 177.8 days. However, the average stay of clients at Small Facilities was only 58.9 days, which is much less than the length of stay at the other size facilities. Post-hoc comparisons showed that this Small Facility mean was significantly less (all $p.<.00$1) than all of the means of the larger sized facilities.

This considerably shorter length of client stay at the small facilities may, in part, explain the large numbers of clients served by small facilities in the course of a year. Basically, small facilities had a considerably higher rate of client turnover during the year. One way to control for this is to create a composite score reflecting both the number of clients served per year and the length of client stay. This was done for the data in Table 8, resulting in an index called "Client Days". This is the product resulting from multiplying the number of clients served per year by the average length of client stay. Client Days, thus, is an indication of clients served after

Table 9

Computed "Client Days" Index
(# clients served per year X # days at facility)

Size of Facility	Client Days
Small	25469.9
Small-Medium	52780.0
Medium-Large	48778.8
Large	87298.2
Average	58776.0

equating somewhat for reported client turnover. As can be seen in Table 9, the creation of the Client Days index shows clear differences between the small and the large facilities, with little difference in evidence between facilities categorized as Small-Medium and Medium-Large. The primary purpose of the Client Days indicator was to show that the seemingly high number of clients served per year by Small Facilities appeared to be due to the considerably higher turnover of clients in such facilities, when compared to the other categories of facilities. As will be seen below, consistent with the present interpretation, small facilities appear to differ from the larger facilities in several other respects as well.

2. Fiscal Characteristics of Responding Facilities. This section of the survey was intended to give an indication of the fiscal structure of the responding facilities. In an attempt to obtain an accurate picture of the financial status of the

facilities, this part of the instrument was structured to maximally allow the respondents to utilize their own system or structure used for maintaining their own fiscal information and records. After the data was collected, the items were studied and analyzed, and combined, across facilities, into a number of discrete and encompassing categories.

The survey asked respondents to indicate all sources of funds and revenues of their facility over the course of the most recent fiscal year. Some items were pre-defined for the respondents, while other open-ended items allowed respondents to indicate sources not included in the pre-defined items, and also which may have been rather unique to their own particular facility. For each defined or filled-in item, respondents indicated the funds or revenues in actual dollar amounts.

The data was then classified into the categories being reported below. Seven sources of facility income were established, which were consistent with some established accounting categories used for such purposes. These seven categories were:

1. Fees for Services
2. Earned Income
3. Tax Support
4. Interest Income
5. Subsidy Income
6. Special Grants and Projects
7. Other Income

Experts in the field were then recruited to assign each of the listed income or revenue sources to one of the above seven categories.

The first results dealing with fiscal information are shown in Table 10. This Table indicates the tabulated dollar amounts for the seven categories specified above, across all responding facilities regardless of size. The dollar amounts indicated are for those facilities which stated positively that they either did or did not have income from each particular source. They do not include those respondents who were unclear, who indicated percentages rather than dollar amounts, or who left the items blank. Thus, the dollar amounts should be realistic indicators of the average income for each category within the facilities included in this study.

Table 10

Fiscal Resources (in Dollars)
of Responding Facilities
(Across Different Size Facilities)

SOURCE OF FUNDS	AVERAGE INCOME
Fees for Services	$347,439
Earned Income	$336,339
Tax Support	$8,403
Interest Income	$2,223
Subsidy Income	$50,363
Special Grants and Projects	$15,868
"Other" Income	$8,353

As can be seen from this table, the average total yearly income for all facilities included in these analyses was $768,988. Clearly, two categories of income accounted for most of this sum. Fees for Services ($347,439) and Earned Income ($336,339) accounted for over 89% of total facility income. Variations across facility size for these two categories of income will be discussed below. The other sources of income, in decreasing dollar amounts, were Subsidy Income ($50,363), Special Grants and Projects ($15,868), Tax Support ($8,403), "Other Income" ($8,353), and Interest Income ($2,223). The percentage distributions of these various types of income are graphically displayed in Figure 4 (Appendix D).

Comparisons concerning facility size will be made only for the two major categories -- Fees for Services and Earned Income. The reason is that, together, these two categories accounted for almost 90% of all the income. In addition, for the smaller amount categories, the numbers of facilities (in each size group) responding with adequate numeric data was low enough to warrant caution against group comparisons within these categories.

Table 11 shows that there were some distinct differences, as a function of facility size, in income from Fees for Services and also from Earned Income. In Fees for Services, there was a significant effect of facility size. Comparisons showed that this was due to the income from Fees for Services of Large Facilities being significantly higher than for any of the other

Table 11

Fees for Services and Earned Income:
Dollar Amounts by Facility Size

	FACILITY SIZE					
ITEMS	SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
Fees for Services	$166189	$180418	$291912	$600752	$347439	<.001
Earned Income	$189555	$146078	$264252	$613709	$336339	<.001

facility size groups (t values ranged from 5.6 to 7.8, all p.<.001). The means of the three smaller size groups did not differ significantly from each other. The same pattern was found for Earned Income. Large facilities indicated significantly greater income in this category than any of the other three means (t comparisons ranged form 2.8 to 4.6, all p.<.01).

The fact that there was an effect of facility size upon these two categories of income should not be very surprising, since larger facilities would be expected to have more income. What is interesting, however, is the lack of a significant difference for the other three size groups. Perhaps this reflects a greater range of facilities, in terms of size, in the Large Facility group. That is, the three smaller groups had both

a lower and an upper bound on their number of clients, while the Large Facility group only had a lower bound (more than 101 clients). Therefore, this greater income may be from very large facilities having many more than 100 clients per day. Whatever the explanation for this, the averages across facility sizes should in any event reflect the actual state of affairs.

A further mean comparison (total income by facility size) was also made. The four dollar amount means obtained were:

Small Facilities	$410,538
Small-Medium Facilities	$388,883
Medium-Large Facilities	$601,330
Large Facilities	$1,356,274

These means are quite similar to the sum of the means of Table 11, since, as mentioned above, Fees for Services and Earned Income accounted for almost 90% of total facility income. It can be noted that, across all income categories, and across all facility sizes, the average yearly facility income was (as mentioned previously) $768,988.

3. Staffing of Responding Facilities. In this section of the survey, data was collected to give an indication of the patterns of staffing within the responding facilities. The section contained nine items, as well as one "Other" item. Each of these items addressed particular types of staff. The ten items were:

a. Administrators, Administrative Assistants, Executive Directors, Public Relations Personnel

b. Staff Supervisors, Coordinators, Program/Service Directors

c. Professional Staff in Client Service

d. Production Staff, Contract Procurement Staff

e. Service Aides and Paraprofessionals

f. Interns and Students

g. Secretarial Staff

h. Clerical Staff

i. Volunteers

j. Other Support (specify)

For each of these categories of staff, respondents were asked to indicate the total number of personnel involved with the rehabilitation process at their facility. Responses were recorded in Full-Time Equivalents (FTEs). This is a method of equalizing for staff employed for various percentages of time, in that, for example, a full-time employee counts the same as two half-time employees, and the same as four-quarter time employees, etc. In addition, an item also asked respondents to indicate the total number of personnel employed at their facility.

This FTE data indicates the numbers of staff, across the various staffing categories, employed within the responding facilities. In interpreting these results, it should be kept in mind that while the FTE results are good indicators of the actual numbers of personnel employed, the FTE comparisons focussing upon

facility size as a factor may not be particularly meaningful, since one would expect larger facilities to have larger numbers of staff.

The numbers of FTE staff within different size facilities are shown in Table 12, as well as graphically, by decreasing totals, in Figure 5 (Appendix E). Across facility sizes, the most frequent type of staff was c) Professional Staff in Client Service (averaging 7.23 per facility), and this was closely followed by d) Production Staff, Contract Procurement Staff (mean FTE of 6.16). Service Aides (e) averaged 4.11 FTEs within the facilities samples. Next in order of numbers of staff were the

Table 12

Staffing of Facilities
(in Full-Time Equivalents -- FTEs)

	FACILITY SIZE					
STAFFING CATEGORIES	SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
A. Administrators	1.66	2.00	2.13	3.35	2.38	<.001
B. Staff Supervisors	1.54	2.52	3.14	6.10	3.58	<.001
C. Professional Staff	3.08	4.67	6.80	12.48	7.23	<.001
D. Production Staff	1.61	3.94	5.51	11.37	6.16	<.001
E. Service Aides	2.31	3.12	3.34	6.65	4.11	=.05
F. Interns/Students	1.23	.56	.40	1.17	.82	ns
G. Secretarial Staff	1.39	1.43	1.85	3.02	2.00	<.001
H. Clerical Staff	.53	1.17	1.82	3.20	1.83	<.001
I. Volunteers	.37	.92	2.99	3.03	1.93	<.05
J. Other Support	1.29	2.80	6.98	6.56	4.61	=.05
Total Numbers	15.01	23.13	34.96	56.93	34.65	<.001

management categories, with b) Staff Supervisors, Coordinators, and Program/Service Directors evidencing an average of 3.58 FTEs, and a) Administrators, Administrative Assistants, Executive Directors, and Public Relations Personnel averaging 2.38 FTEs. All of the remaining categories of staff averaged two FTEs or fewer in this sample of facilities. In addition, this Table shows that the average total number of staff within the responding facilities was about 35 FTE employees.

The significance levels shown in Table 12 confirm the clear and expected trend, mentioned previously, of facilities classified as being larger indeed indicating a larger number of FTE personnel. In addition, for most of the post-hoc comparisons which were significant, the trend was for the Large Facilities to show a significantly higher mean than the three smaller size groups (which, in most comparisons, despite trends, did not differ significantly from each other). This elevation in the means when moving from Medium-Large to Large Facilities was probably due to the expectation, mentioned earlier, that the Large Facilities covered a broader range of size, from 101 clients per day on up (i.e., there was no upper ceiling on number of clients per day for the subset of Large Facilities), than was the case within the rest of the size groups.

The results from Table 12 were also combined into three general categories. These were:

1. Management Staff, which includes a) administrators and b) staff supervisors.

2. Client Services Staff, which includes c) professional staff, d) production staff, e) service aides, f) interns/students, i) volunteers, and j) "other" support.

3. Support Staff, which includes g) secretarial staff, and h) clerical staff.

The results of this tabulation can be seen on Table 13. When not considering facility size, it is clear that staff classified as being devoted to client services was by far the largest group of staff, averaging about 25 such staff per facility. The average number of management staff was 6 per facility, while average support staff was 3.8. The facility size variable showed the same patterns which were detailed in Table 12 above.

Table 13

Staffing of Facilities
Grouped into Three Major Categories
(in Full-Time Equivalents -- FTEs)

	FACILITY SIZE				
STAFFING CATEGORIES	SMALL	SM-MD	MD-LA	LARGE	AVER.
Management Staff	3.20	4.52	5.27	9.45	5.96
Client Services Staff	9.89	16.01	26.02	41.26	24.86
Support Staff	1.92	2.60	3.67	6.22	3.83

---

4. CARF Accreditation. As mentioned at the beginning of this report, all facilities surveyed were accredited by CARF. Furthermore, for inclusion into this report, facilities were chosen which were primarily vocational in nature, based upon the patterns of CARF accreditation. Because of these selection procedures for choosing facilities for the present report, the patterns of CARF accreditation presented below are not representative of such patterns on a national level, nor do they represent the patterns found within the sample surveyed. Rather, they are specific only to the sub-sample of vocational facilities upon which the present report is based.

There were six areas of CARF accreditation within the current sample of facilities. Table 14 indicates the percentage of facilities in this sample which were accredited in one or more of these six areas.

Table 14

Patterns of CARF Accreditation
in This Sample of Facilities
(in percents)

AREA OF ACCREDITATION	% OF FACILITIES
Personal/Social Development	11.82%
Vocational Development	72.27%
Sheltered Employment	56.82%
Work Activity	50.91%
Speech Pathology	2.73%
Audiology	.71%

Almost three-fourths of the facilities in this sample were accredited in Vocational Development (72.3%), while 56.9% were accredited in Sheltered Employment and 50.9% were accredited in Work Activity. Accreditation in Personal/Social Development was found in 11.8% of the facilities, and very few of the facilities in this sample were accredited in Speech Pathology (2.7%) or Audiology (0.7%).

Significant effects of facility size were found for two areas of accreditation -- Sheltered Employment and Work Activity (p.= .01 and <.001, respectively). Mean percentages are shown in Table 15.

Table 15

Means Comparisons, by Facility Size,
of CARF Accreditation in
Sheltered Employment and Work Activity
(in percents)

	FACILITY SIZE					
AREA OF ACCREDITATION	SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
Sheltered Employment	48.57	49.28	51.02	73.13	56.82	=.01
Work Activity	11.43	56.52	42.86	71.64	50.91	<.001

For Sheltered Employment, post-hoc comparisons showed that Large Facilities had a significantly higher percentage of accreditation than Small-Medium Facilities (t = 2.82, p.<.01), but the mean differences did not reach an acceptable level of significance for Large vs. Small or Medium-Large Facilities (t values for both comparisons were 2.4, p.=.017).

Accreditation in Work Activity also evidenced a significant effect of facility size. Post-hoc comparisons showed that the mean for Large Facilities was significantly higher than the corresponding mean for a) Small Facilities (t = 6.2, p.<.001) and also b) Medium-Large Facilities (t = 3.3, p.<.005). Conversely, the mean for Small Facilities was significantly lower than the means of both Small-Medium Facilities and Medium-Large Facilities (t =4.7, p.<.001, and t = 3.1, p.<.01, respectively).

These patterns give some indication of differences between different sized facilities. Clearly, the Large Facilities, as judged from the accreditation patterns, seem to be more oriented toward Sheltered Employment and Work Activities. And Small Facilities, in particular, seem to be directed very little towards Work Activity. This is an indication of differences between facilities, and it also served as an indication of differences between the types of clients served by facilities of distinctly different sizes.

5. Availability of Programs/Services. This section of the survey was developed to give an indication of the internal structure of responding facilities, in terms of program/service

characteristics. Eighteen different types of programs/services (plus an "other" category) were listed, and respondents placed a checkmark after each program and service which was offered by their facility over the course of the fiscal year. As in a number of previous analyses, the results were converted to percentages.

Table 16

Availability of Programs/Services
Within the Facilities in the Sample
(in Percents)

PROGRAMS/SERVICES	FACILITY SIZE SMALL	SM-MD	MD-LA	LARGE	AVER.	SIGN.
A. Vocational/ Work Evaluation	88.6	78.3	81.6	85.3	82.8	
B. Psychological Testing	31.4	35.3	25.0	42.7	34.7	
C. Vocational Counseling	60.0	57.4	68.8	75.0	65.8	
D. Personal Counseling	37.1	47.1	54.2	55.9	49.8	
E. Social Services	14.3	23.5	37.5	36.8	29.2	.0500
F. Remedial Education	25.7	39.7	43.8	50.0	41.6	
G. Work Adjustment Training	71.4	79.4	85.4	85.3	81.3	
H. Occupational Skill Training	20.0	16.2	41.7	54.4	34.3	.0001
I. On-The-Job Training	25.7	22.1	35.4	26.5	26.9	
J. Job Seeking Skills Training	54.3	60.3	64.6	69.1	63.0	
K. Job Placement	48.6	58.8	75.0	80.9	67.6	.0017
L. Sheltered Employment	42.9	69.1	66.7	77.9	67.1	.0041
M. Work Activities	20.0	55.9	66.7	82.4	60.7	.0001
N. Independent Living	22.9	20.6	43.8	36.8	31.1	.0258
O. Daily Living Skills	28.6	41.2	62.5	60.3	49.8	.0021
P. Residential Living	14.3	14.7	20.8	19.1	17.4	
Q. Recreation	22.9	26.5	45.8	41.2	34.7	
R. Medical Services	20.0	10.3	22.9	30.9	21.0	.0311
S. Other Programs/Services	11.4	7.4	16.7	17.6	13.2	

As can be seen in Table 16, the two most prevalent programs or services offered by the responding facilities were Vocational/Work Evaluation and Work Adjustment Training. Vocational Evaluation was offered by 82.8% of the facilities, and Work Adjustment Training was offered by 81.3% of them. These percentages are consistent with patterns of accreditation, since almost three-fourth of the facilities were accredited in Vocational Development.

The remaining programs, by decreasing frequency, found in 50% or more of the facilities were: Job Placement (67.6%); Sheltered Employment (67.1%); Vocational Counseling (65.8%); Job Seeking Skills Training (63.0%); and Work Activities (60.7%). No other programs were found in more than half of the facilities in this sample. The frequency of the remaining programs was:

Personal Counseling	(49.8%)
Daily Living Skills	(49.8%)
Remedial Education	(41.6%)
Psychological Testing	(34.7%)
Recreation	(34.7%)
Occupational Skill Training	(34.3%)
Independent Living	(31.1%)
Social Services	(29.2%)
On-The-Job Training	(26.9%)
Medical Services	(21.0%)
Residential Living	(17.4%)
"Other"	(13.2%)

Inspection of Table 16 also revealed that nine of the Services/Programs showed significant effects of Facility Size. The patterns of post-hoc comparisons will be delineated, and then discussed below. Social Services showed a significant Facility Size effect, but comparisons indicated that none of the individual mean percentages differed significantly (at the .01 level, two-tailed, set as the criterion for the post-hoc comparisons in this report). The patterns of means for Occupational Skill Training showed that this service was offered by significantly more Medium-Large Facilities than Small-Medium Facilities (t = 3.02, p.<.005), and by significantly more Large Facilities than either Small-Medium Facilities (t = 5.07, p.<.001) or Small Facilities (t = 3.87, p.<.001).

The percentage means for Job Placement showed a similar pattern. Job Placement was offered by significantly more Medium-Large Facilities than Small Facilities (t = 2.48, p.=.01), and by significantly more Large Facilities than both Small Facilities (t = 3.23, p.=.001) and Small-Medium Facilities (t = 2.95, p.<.005).

The percentage means for Sheltered Employment showed that this service was offered by a significantly lower percentage of the Small Facilities than any of the larger size groups (t values ranged from 2.47 to 3.94, all p. = or <.01).

The percentages for Work Activities showed two patterns. First, the percentage for Small Facilities offering this service was significantly lower than the corresponding percentage

for Small-Medium Facilities (t = 4.12, p.<.001), Medium-Large Facilities (t = 4.80, p.<.001), and Large Facilities (t = 6.79, p.<.001). An additional significant comparison showed that Small-Medium Facilities also offered this service less frequently than did Large Facilities (t = 3.22, p.=001).

Only two percentages differed significantly for Independent Living. Medium-Large Facilities offered this service significantly more frequently than did Small-Medium Facilities (t = 2.69, p.<.01).

Two further Services/Programs evidenced significant effects from the post-hoc comparisons. The percentage of Small Facilities offering a Daily Living Skills program was significantly lower than the corresponding percentage for Large Facilities (t = 3.17, p.<.005) and for Medium-Large Facilities (t = 3.23, p.=.001). And lastly, a significantly higher percentage of Large Facilities offered Medical Services than was the case for Small-Medium Facilities (t = 3.01, p.<.005).

While there obviously was some variation in the comparisons of the means presented above, a fairly clear general trend was suggested. On most of the comparisons, the percentage of facilities offering a specific service tended to increase with facility size. This suggests that the larger facilities tended to have a wider array of services or programs that they offered in the course of a year. This is not unexpected. As shown previously, large facilities have more staff and (by definition) a larger number of clients. It stands to reason, therefore, that

one would not be too surprised by the findings indicating that they offer a broader array of services and programs as well.

DISCUSSION

This project was concerned with studying and defining some of the pertinent characteristics of vocational rehabilitation facilities. Utilizing a survey directed toward all rehabilitation facilities accredited by CARF, data was collected which addressed: 1) the characteristics of the clients referred to the facilities; 2) descriptions of the referral sources of these clients to the facilities; and 3) descriptors of the facilities themselves. The category of Client Characteristics included: distributions of primary disabilities; sex, age, and race; and client educational and skill training histories. Specific categories included under Facility Descriptors were: the numbers of clients served by each facility; how long clients remained within the facility; fiscal information about each facility; staffing patterns; CARF accreditation patterns of each respondent; and services and programs offered by each facility.

The sample utilized for the present report was comprised of facilities which were primarily vocational rehabilitation facilities. Medical-only facilities and comprehensive rehabilitation facilities were not included. Thus, the sample utilized should be representative of CARF accredited vocational rehabilitation facilities within this country. This report does not

attempt to generalize the results to non-CARF accredited vocational rehabilitation facilities nationwide. For reporting and analysis purposes, facilities within this final sample were classified on the basis of the number of clients served per day: Small Facilities (30 or fewer clients per day); Small Medium Facilities (31 to 70 clients per day); Medium-Large (71 to 100 clients served per day); and Large Facilities (101 or more clients served per day).

This report was based upon a total of 221 facilities meeting the above requirements and reporting adequate data. Because of some missing data, the actual numbers of facilities included in each analysis was at times slightly lower.

The results presented above contained a considerable amount of data. Some of the main points are addressed here.

Client Characteristics. Over one-half of all clients were classified as being mentally retarded. Approximately two thirds of all clients in these facilities were classified as being either mentally retarded or mentally ill. The size of the facility appeared to have the effect such that Small Facilities served a more even distribution of disabilities than the larger facilities. That is, they served a relatively lower percentage of the high incidence disabilities, and a somewhat higher percentage of the less frequent disabilities. Another way of saying this is to point out that Small Facilities seemed to accept, on a percentage basis, referrals of clients covering a wider range of disabilities, and unlike the Larger Facilities,

placed somewhat less relative emphasis upon clients with disabilities which were emotional, intellectual, or mental.

Slightly over one-half of the clients were males. The primary age category of the clients was in the early career age, followed by clients in their late teens to mid twenties. Small Facilities again differed from the rest of the sample in terms of client age, in that they had a relatively higher percentage of clients in this latter group (late teens to mid twenties), and a lower percentage of "early career age" clients. Race information showed that over three-fourths of all clients were Caucasian. Education data indicated that over one-half of all clients had not completed high school. The education data showed that in the Small Facilities the percentage of clients with more education was somewhat higher.

Referral Sources. Across all facilities in this sample, the results clearly showed that the State Vocational Rehabilitation system is an extremely important referral source for CARF accredited vocational rehabilitation facilities. State DVR referred over one-half of all the clients. No other referral source came close to this. In addition, analyses showed that state DVR was a particularly significant referral source for Small Facilities, when compared to all of the larger size groups.

Facility Characteristics. A number of different variables were included as indicators of facility characteristics. One was numbers of clients served per year. The average facility in this sample served 387 clients per year. As expected, Large Facili-

ties served the greatest average number of clients yearly (495). Not expected, however, was the finding that Small Facilities served the second highest average number of clients per year -- 424. Medium sized facilities served fewer. Further analyses indicated that this was probably due to the finding that the length of client stay at the facility was significantly less within the Small Facilities. That is, the average stay of clients at the facilities, across size groups, was 152 days. Within the three larger size groups of facilities, this ranged from 157 to 176 days. In the Small Facilities, however, clients only stayed 59 days. Thus, Small Facilities had a much higher rate of client turnover than the rest of the sample. This is consistent with the previously discussed results of client demographics, which showed that clients within Small Facilities also appeared to be distinctly different than clients within larger facilities. It appears, from this data, that the typical Small Facility is a distinct and different type of facility, when compared to the larger facilities.

Fiscally, the average facility in this sample had a yearly income of slightly over three-quarters of a million dollars. Approximately ninety percent of the income came from Fees from Services and Earned Income, with each accounting for approximately three hundred fifty thousand dollars. Some of the other categories of possible income accounted for only a very small percentage of the total income. In the two large categories mentioned above, Large Facilities evidenced significantly greater

amounts than any of the smaller size groups, earning over $600,000 yearly from Fees for Services, and a similar amount from Earned Income. This significant discrepancy between Large Facilities and the rest of the sample may be for several reasons. It was suggested that one explanation for this may lie in the lack of a ceiling for the number of clients per day (the variable utilized to define facility size) within this sample. Some of the Large Facilities were very large, and thus distinctly different from other facilities also classified as "Large". The major effect of this might be on fiscal information, since this is in actual dollar amounts (not percents, as some other variables).

Staffing of facilities was assessed in FTEs (# of Full-Time Equivalent staff). The results showed that staff directly involved in client services accounted for the large majority of a facility's staff. The numbers of staff considered as management was considerably less. Effects of facility size were found, with Large Facilities evidencing significantly larger numbers of staff than the remainder of the sample.

The above paragraphs suggest an interpretation about some of this data. In most comparisons, Small Facilities clearly were the most different from the rest of the sample. Fiscally and in terms of numbers of staff, however, Large Facilities differed from the rest of the sample. This suggests that Large Facilities differed primarily quantitatively, simply by being very large. This effect should be noticeable in variables, such as fiscal

information and staffing, that are expected to directly relate to facility size, and also which are not expressed as percentages. Few effects were found for Large Facilities on variables for which the data was in percentages. Small Facilities, however, when they did differ from the remainder of the sample, tended to differ in qualitative ways, such as serving a varying distribution of clients and referral sources. Small Facilities, therefore, appear to differ not only on the basis of size, but also in terms of whom they serve and what their emphasis (besides "vocational rehabilitation") appears to be.

Patterns of CARF accreditation showed that, as selected for analysis, the facilities appeared to be primarily vocational in nature. Two effects of facility size, however, showed that there was a trend for Large Facilities to be more frequently accredited in Sheltered Employment and Work Activity. This is quite consistent with the picture that is emerging from this report, in that the types of client served by the Large Facilities (i.e., the patterns of disabilities served as well as client demographic information such as education), and the length of client stay within the larger facilities, is not inconsistent with the view that the larger facilities tended to be more focussed upon longer term sheltered employment and work activities centers than the smaller facilities.

Consistent with this interpretation is the data concerning the services or programs offered within the responding facilities. When comparing these in light of facility size, signifi-

cant effects or marginally significant trends suggested that fewer smaller facilities tended to have services of programs in Social Services, Occupational Skill Training, Job Placement, Sheltered Employment, Work Activities, and Independent Living. This may reflect the fact that Small Facilities, by virtue of having fewer resources and staff, may be less able to include as many services or programs under their umbrella. This would be supported by the findings that Small Facilities, on the average, did not evidence any significantly elevated percentages for programs or services offered over Large Facilities. However, this data may also be indicative of differences in purposes, clients, or philosophy. It may indicate that Small Facilities, rather than being confined versions of Large Facilities, are unique entities with their own specific purposes and means.

Overall, this study was intended to present results which would clarify the current state of Vocational Rehabilitation Facilities. In interpreting the results, it should be kept in mind that only CARF accredited vocational rehabilitation facilities were studied. The results are not directly generalizable to the over 4,000 non-CARF accredited facilities nationwide. Thus, caution should be exercised when generalizing the present results beyond the universe of CARF accredited facilities. Secondly, the sample upon which the present report is based includes only facilities judged to be "Vocational Rehabilitation Facilities". This obviously was a purposeful selection, intended to enable the results to speak directly to this specific sample

of facilities. This means, however, that the results are specific to such vocationally oriented facilities. For example, the patterns of CARF accreditation presented in this report are clearly not the same as the patterns for all CARF accredited facilities (i.e., CARF accredits facilities in physical restoration, yet the percentage for such accreditation within this sample is zero). The results should not be, and are not meant to be, generalized to non-vocationally oriented facilities.

The data and interpretations presented in this report are meant to be of utility in understanding some critical aspects of today's vocational rehabilitation facilities. It is hoped that the results of this project will be helpful to facility and general rehabilitation personnel, to help them understand what facilities are like, and also to help them in the definition and improvement of their own facilities.

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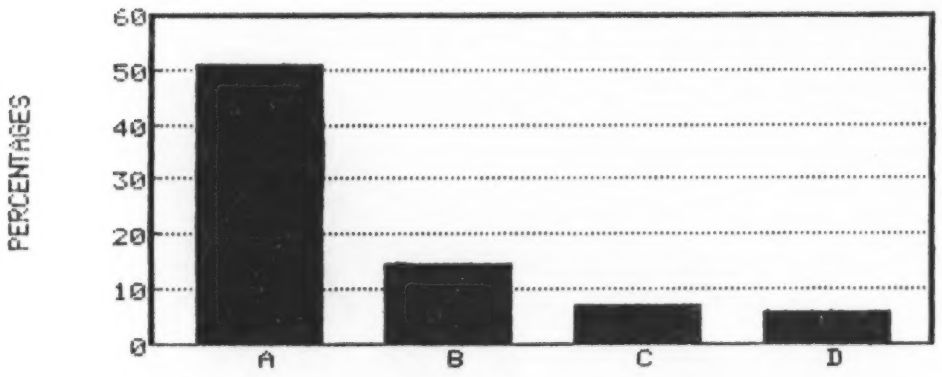
APPENDICES

Appendix A

Figure 1

The Four Major Primary Disabilities of Clients

(in percents)



A = Mental Retardation

B = Mental Illness

C = Emotional Disturbance

D = Orthopedic, Stroke, Multiple Sclerosis, Muscular Dystrophy

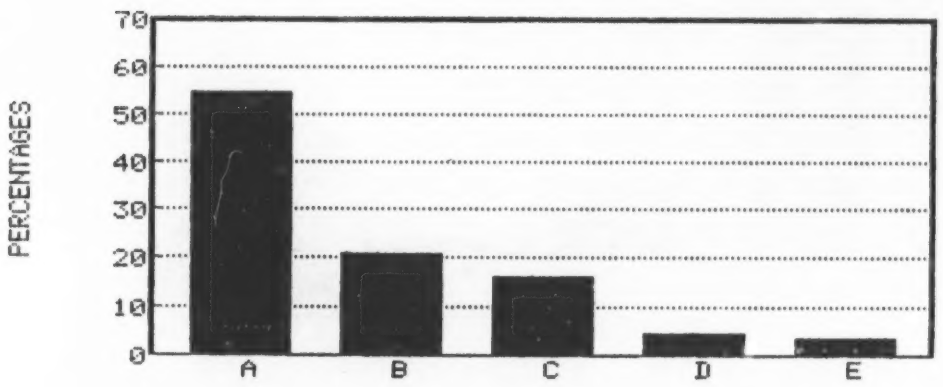
Appendix B

Figure 2

Primary Disabilities of Clients

Combined Into Functional Categories

(in percents)



Disability Categories

A = Intellectual Functioning

B = Emotional/Mental Functioning

C = Physical Capacities

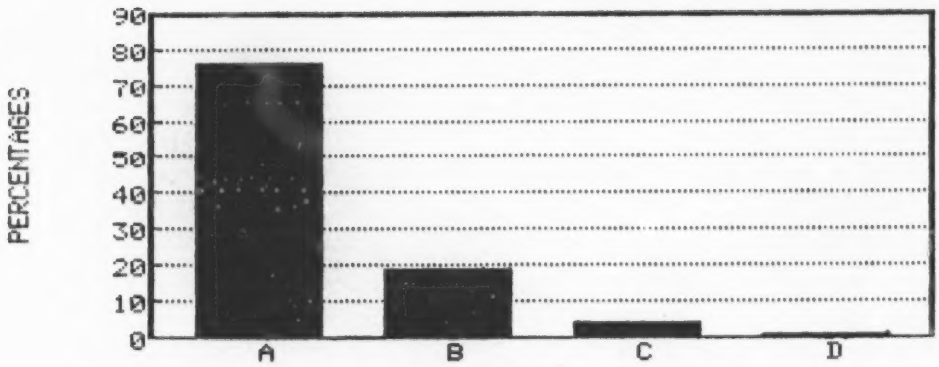
D = Communication Capacities

E = Social Deviance

Appendix C

Figure 3

Highest Educational Level of Clients



A = Less Than a High School Diploma

B = High School Graduate (Regular Education)

C = Some College, but did not graduate.

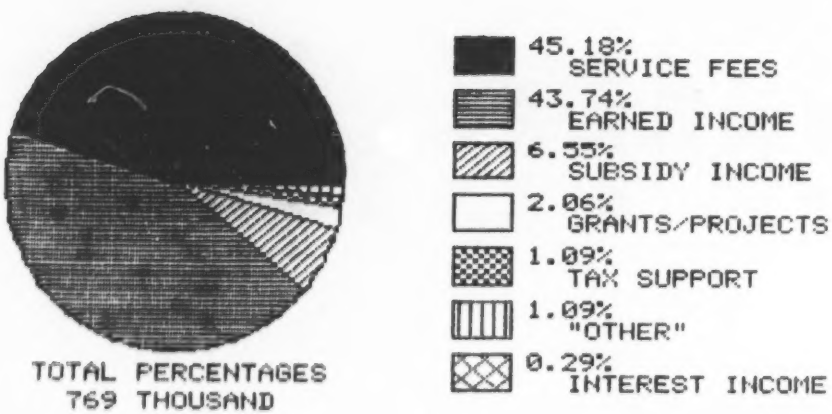
D = College Graduate

Appendix D

Figure 4

Percent of Facility Income

From Various Income Categories

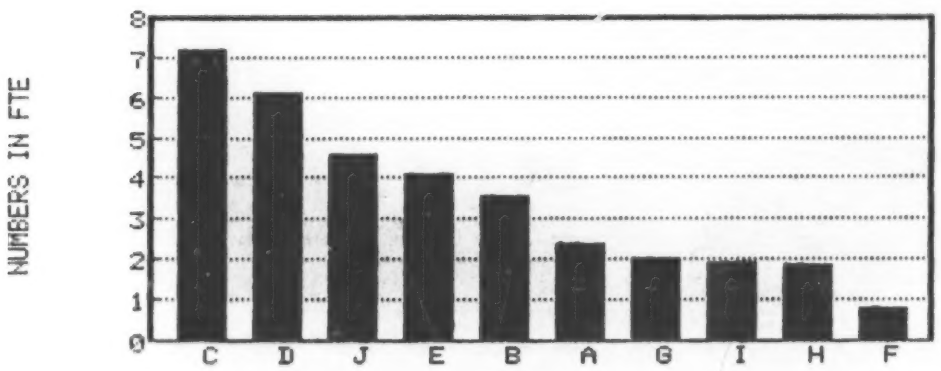


Appendix E

Figure 5

Staffing of Facilities

(in Full-Time Equivalents -- FTEs)



C = Professional Staff in Client Service
D = Production Staff, Contract Procurement Staff
J = "Other" Support
E = Service Aides
B = Staff Supervisors, Coordinators, Program/Service Directors
A = Administrators, Administrative Assistants, Executive Directors, Public Relations Personnel
G = Secretarial Staff
I = Volunteers
H = Clerical Staff
F = Interns/Students

Appendix F

Survey Instrument

What is the last fiscal year you are using as your reference for this Questionnaire?

From ___/___/___ to ___/___/___
mo da yr mo da yr

I. GENERAL FACILITY CHARACTERISTICS

A. Clients Served In Facility Services/Programs

1. Client load in last fiscal year:

		No. of Clients
a.	Total clients served in fiscal year	
b.	Average number clients served each day	
c.	Average number of days a client was served	

2. Clients' primary disabilities:

	Primary Disability	% Clients
a.	Alcoholism	
b.	Drug Addiction	
c.	Spinal Cord Injuries	
d.	Arthritis	
e.	Amputations	
f.	Blindness, Partial Blindness	
g.	Deaf, Hearing Problems	
h.	Emotionally Disturbed	
i.	Mental Illness, Psychiatric Disorders	
j.	Mentally Retarded	
k.	Public Offender	
l.	Orthopedic, Muscle-Skeletal, MS, MD, Stroke	
m.	Cerebral Palsy	
n.	Epileptic	
o.	Speech Defects, Laryngectomy	
p.	Socially Deprived	
q.	Elderly, Aging	
r.	Neurological	
s.	Cardiac	
t.	Circulatory, Lung, Tuberculosis	
u.	Learning Disabilities, Developmentally Delayed	
v.	Other (Specify)_____	
	Total percent of all clients with multiple disabilities	

3. Sex of clients:

		% Clients
a.	Males	
b.	Females	

4. Age of clients:

		% Clients
a.	High school age or below (up to 18)	
b.	Late teens to mid twenties (19-24)	
c.	Early career age (25-40)	
d.	Late career age (41-60)	
e.	Above 60	

5. Highest basic education completed by clients at entry into facility:

		% Clients
a.	Less than high school education	
b.	High school education or GED	
c.	Special education diploma	
d.	Some college or post-secondary	
e.	College graduate	

6. Basic skill training completed by clients at entry into facility:

		% Clients
a.	Skill training (OJT)	
b.	Apprenticeships	
c.	Vocational/technical studies	
d.	None	

7. Ethnic background of clients:

		% Clients
a.	Puerto Rican	
b.	American Indian	
c.	Asian American	
d.	Chicano	
e.	Black	
f.	Cuban	
g.	White	
h.	Other	

* Please return by _____
*
* Thomas Czerlinsky, Ph.D.
*

B. Sources of Referrals

1. How many clients were referred to your facility by each of the following sources in the last fiscal year?

		No. of Clients
a.	State Voc Rehab Agency	
b.	Developmental Disabilities Board	
c.	State Employment Service	
d.	State Correctional Agency	
e.	State Mental Health Agency	
f.	Workmen's Comp Boards	
g.	Social Security Boards	
h.	CETA	
i.	WIN/Welfare	
j.	Other Rehab Facility	
k.	Hospitals, Clinics, Doctors	
l.	Regular Education (public schools)	
m.	Special Ed Institutions	
n.	Voc Tech Ed Institutions	
o.	Colleges and Universities	
p.	Private Insurance Carrier	
q.	Private Business/Industry	
r.	Self-Referred (own expense)	
s.	Other (Specify)	

C. Fiscal Resources

1. Financial Resources (General Revenues) of your facility. List the sources of funds and revenues of your facility over the last fiscal year. Use the categories from item B1 above whenever appropriate.

Sources of funds or revenues	Amount
_____	
_____	
_____	
_____	
_____	
Gifts and Donations	
Prime Manufacturing	
Contract or Subcontract work	
Salvage work, Recycling	
Services	
Bonds, Investments	
Other (specify) _____	

D. General Staffing

1. Total personnel in rehab at your facility:

		Number of Full-Time Equivalent Personnel
a.	Administrators, Admin assistants, exec directors, public relations personnel	
b.	Staff supervisors, coordinators, program/service directors	
c.	Professional staff in client service	
d.	Production staff, contract procurement personnel	
e.	Service aides and paraprofessionals	
f.	Interns and students	
g.	Secretarial staff	
h.	Clerical staff	
i.	Volunteers	
j.	Other support (Specify) _____	
	Total number of personnel employed at your facility	Total Personnel

E. Accreditation and Records

1. Indicate the date of accreditation and the length of accreditation for any of the following programs in which your facility has received CARF accreditation.

	Program	Date of Accreditation Mo / Yr	Total Years
a.	Physical Restoration	/	
b.	Personal and social development	/	
c.	Vocational development	/	
d.	Sheltered employment	/	
e.	Work Activity	/	
f.	Speech pathology	/	
g.	Audiology	/	

2. If your facility holds any other type of accreditation, list the type of accreditation (the source), what specific service/program it covers, date of accreditation, and length of accreditation.

Source of Accreditation	Services/Programs Accredited	Date Accredited Mo	Date Accredited Yr	Total Years

3. Personnel, clients, and fiscal resources for each facility program/service.

Complete the following to reflect your facility's resources during the last fiscal year. Availability: Check (✓) each program/service your facility offered during the year. Number Full-Time Equivalent (FTE) Staff: Indicate how many full-time equivalent staff members were involved in each checked program/service during the year (Do not include secretarial and clerical help). Number Clients: Give the total number of clients completing each checked program during the year. Program/Service Budget: Indicate how much money was allocated for each checked program/service for the year.

Formal Programs/Services	Availability (✓)	#FTE Staff	# Clients	Budget
a. Vocational/work Evaluation				
b. Psychological testing				
c. Vocational Counseling				
d. Personal Counseling				
e. Social Services				
f. Remedial Education				
g. Work Adj Training				
h. Occupational Skill training				
i. On-the-job Training				
j. Job-seeking skills training				
k. Job placement				
l. Sheltered Employment				
m. Work Activities				
n. Independent Living				
o. Daily Living Skills				
p. Residential Living				
q. Recreation				
r. Medical Services (inc OT, PT)				
s. Other (Specify)				

4. Please check all of the following that you have available from the last CARF accreditation. Please include all the checked items in the return envelope when returning this questionnaire. (OPTIONAL)

	(✓)
a. Facility mission statement	
b. Facility goals and objectives statement	
c. Goals and objectives statement for each program/service offered	
d. Facility admission criteria	
e. Admission criteria for each program/service offered	
f. Program evaluation plan	

If your facility offers a vocational/work evaluation program or service, please continue with Section II below. If not, skip to Section III.

II. VOCATIONAL/WORK EVALUATION PROGRAM/SERVICE

A. Client Intake

1. How many clients were referred for vocational/work evaluation programs or services at your facility the last fiscal year?

Source	Number Clients
a. State voc rehab agency	
b. Developmental disabilities board	
c. State employment Service	
d. State correctional agency	
e. State mental health agency	
f. Workmen's compensation boards	
g. Social security boards	
h. CETA	
i. WIN/Welfare	
j. Other rehab facilities	
k. Hospitals, clinics, doctors	
l. Regular educ (public schools)	
m. Special ed institutions	
n. Voc tech ed institutions	
o. Colleges and universities	
p. Private insurance carrier	
q. Private business/industry	
r. Self-referred (own expense)	
s. Other (Specify)	

B. Staffing of Service Programs

1. List each individual staff member (including administrators, professionals, students, interns, aides, and volunteers) with responsibilities in providing vocational/work evaluation services during the last fiscal year by: Position, percent of time employed in that position, years rehab experience at your and other facilities, degree held and field of degree, and age. Please continue on back of page 5 if needed.

Position (Title)	% of time	Years Rehab Experience at other Rehab Settings	Years Rehab Experience at your Facility	Degrees Type	Degrees Field	Age

C. Technology Used In Evaluation

1. Below are methods or systems commonly used in vocational/work evaluation. Please indicate with the 0-3 scale your facility's use of each of these during the last fiscal year.

0 = Don't have; 1 = Method or system available but rarely used (with less than 5% of the clients); 2 = Used with only certain (few) clients (less than 50%); 3 = Used with most clients (50%+).

Vocational/work Evaluation Method or System		Amount of Use (0-3)
Commercial work samples	Psychometrics	
	TOWER System	
	Philadelphia JEVS Work Sample System	
	Singer Vocational Evaluation System	
	Talent Assessment Programs	
	Wide Range Employment Sample Test	
	McCarron-Dial Evaluation System	
	VALPAR Component Work Sample Series	
	COATS System	
	HESTER System	
	Micro-TOWER System	
	VIEWS System	
	Broadbent System	
	Other commercial systems (Specify)	
Non-commercial, locally developed work samples		
Situational assessment (i.e., production work)		
Job tryout (external to facility)		
On-The-Job Training (external to facility)		
Other (specify on back of page 5)		

D. Service Characteristics

1. Place a checkmark (✓) behind each of the following procedures used at your facility in the last fiscal Year. Then, for each checked item, check (✓) the appropriate box to indicate the approximate percentage of clients with whom each was used.

Procedure	Used (✓)	Check (✓) Percent (%) of Clients With Whom Each Was Used <10%	25%	50%	75%	90%	100%
a. Formal Intake Interview							
b. Joint formal evaluation plan (IWRP)							
c. Joint review of eval findings with client							
d. Joint review of eval recommendations with client							
e. Formal exit interview/ staffing on client							
f. Formal report/written to agent(referral source)							
g. Review of eval findings with agent(referral source)							

If you checked item e above (indicating that your facility uses a formal exit interview/staffing), check all those below who are typically present at the exit interview.

	Typically Present (✓)
a. Client	
b. Evaluator	
c. Referral Agency Rep. or Rehab. Counselor	
d. Relative(s) of Guardian(s) of Client	
e. Client Advocate(s)	
f. Other (specify)	

2. Client and evaluator load in vocational/work evaluation services in last fiscal year.

	Total Numbers
a. Total # clients served	
b. Average # clients served each day	
c. Average Daily caseload PER EVALUATOR	
d. Average # days clients served	
e. Average # evaluators (in full-time equivalents) working per day	

3. Length of vocational/work evaluations in last fiscal year.

Length of Evaluation	Number of Clients Served: Total Served	Prematurely Terminated	Completed	Remaining on Rolls
1 week or less				
2 weeks				
3 weeks				
4 weeks				
5 weeks				
6 weeks				
Other (Specify) _____				

E. Client Exit and Recommendations

1. For how many clients completing vocational/work evaluation during the last fiscal year were each of the following recommendations made? (A client may appear in more than one category).

Recommendations	Number of Clients
Further Diagnostic Services:	
a. Medical	
b. Social	
c. Psychological	
d. Psychiatric	
e. Vocational	
f. Other (Specify) _____	
Restoration Services:	
a. Speech/Hearing	
b. Medical	
c. Surgical	
d. Psychiatric	
e. Prosthetics	
f. Job modification	
g. Equipment	
h. Other (Specify) _____	
Counseling Services:	
a. Personal	
b. Vocational	
Adjustment Training:	
a. Personal	
b. Social	
c. Work	
d. Other (Specify) _____	
Education/Skill Training:	
a. Basic Ed Skills	
b. High School/GED	
c. OJT	
d. Apprenticeship	
e. Voc/Tech School	
f. Projects with Industries	
g. College	
h. Other (Specify) _____	

(Contd:)

E. Client Exit and Recommendations (Contd:)

Recommendations	Number of Clients
Occupational or Employment:	
a. Work Activity Center	
b. Sheltered Employment	
c. Homebound Employment	
d. Competitive Employment	
e. Other (Specify) _____	
Other:	
a. Residential arrangements	
b. Independent Living	
c. Activities of Daily Living	
d. Other (Specify) _____	

NAME OF FACILITY: _____

ADDRESS: _____

_____

TELEPHONE NUMBER: _____

Name and position of person completing this survey:

_____

_____ DATE: _____

THANK YOU FOR COMPLETING THIS SURVEY!!